

**IN PATIENT SUMMARY BILL**

UHID : MMH202370612  
IP No : IP2023002645  
Patient name : Mrs.THAKSHAYANI AMMAL  
Age : 73 Y 3 M 28 D/Female

Consultant Name : Dr.VENKATACHALAM VEERAPPAN

Bill No : MMH/MH/IP00121  
Bill Date : 12/12/2023  
DOA : 4/12/2023 11:05AM  
DOD :  
Entity Type : Insurance  
Entity Name : THE NEW INDIA  
TPA : THE NEW INDIA ASSURANCE CO. LTD  
PVT LTD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 23,750.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 5,250.00
4	EQUIPMENT	₹ 14,850.00
5	GENERAL PROCEDURE	₹ 950.00
6	INJECTION CHARGES	₹ 200.00
7	INVESTIGATIONS	₹ 250.00
8	LABORATORY	₹ 10,086.00
9	NURSING CHARGE	₹ 5,625.00
10	OPERATION THEATRE CHARGES	₹ 17,600.00
11	OTHER ADDITION	₹ 25,020.00
12	PHARMACY CHARGE	₹ 44,006.28
13	PHYSIOTHERAPY	₹ 1,800.00
14	PROFESSIONAL TEAM FEES	₹ 101,750.00
15	RADIOLOGY	₹ 2,150.00

**Gross Amount** ₹ **253,637.28**  
**Sanction Amount** ₹ **243,222.00**  
**Net Payable** ₹ **253,637.00**  
**Advance Amount** ₹ **10,415.00**  
**Received Amount** ₹ **0.00**

**Received Amount in Words** : Ten Thousand Four Hundred Fifteen Only

DINESH

**Authorised Signature**

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-11 20:02:25.943	MMH/MH/RECH00280	CARD	Advance Amount	10,415.00

Medical Claim	Claim No	Sanction Amount
THE NEW INDIA ASSURANCE CO. LTD	35596661	243,222.00